

DEPARTMENT OF SOCIAL SERVICES

DIVISION OF MEDICAL SERVICES

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Strong Families - South Dakota's Foundation and Our Future

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ATTENTION: Providers and Billing Professionals

FROM: South Dakota Medicaid

RE: SFY 2013 Provider Fee Schedules

Fee Increases and Rate Changes

Providers will see reimbursement rate changes beginning with services provided **after July 1, 2012**. Fee schedules are being updated and will be available for informational purposes at <http://dss.sd.gov/sdmedx/includes/providers/feeschedules/index.aspx>.

Rate and Fee Changes

Physician Based Services

- Physician services, other services and laboratories - 0.5%
- Dentists and Orthodontists - 1.5%

Hospital Based Services

- In-State DRG Medicaid Access Critical & Medicare Critical Access inpatient & outpatient hospital services - 1.8%
- In-State Inpatient & Outpatient hospital services not classified as DRG Medicaid Access Critical & Medicare Critical Access - 0.5%
- Out of State inpatient and outpatient hospital services - 0.5%
- Psychiatric Residential Treatment facilities - 1.5%

As a result of input from providers, the FY13 physician fee schedules represent the actual rate paid for services including the reimbursement increase and prior year adjustments. The rates on the fee schedules will not reflect applicable cost shares and other payment adjustments. The Remittance Advice will reflect the rate of reimbursement without informational adjustments for FY12 and FY13.

Inpatient and Outpatient Hospital Rates will be dependent on the services and the patient volume.

Other Changes

Implantable Devices: Implantable Devices that are billed with a Revenue Code of 275 and 278 where billed charges are in excess of \$5,000 for these devices will be limited to cost plus 10%;

on claims that are a cost outlier. Providers will be required to provide a statement of the cost of these devices as an attachment to their claim. For more information, please review the informational bulletin at <http://dss.sd.gov/sdmedx/providers.aspx> under Provider bulletins.

Adult Dental Cap: A new annual benefit cap of \$1000 on adult non-emergency dental services will be implemented.

Pharmacy Co-Pay: The pharmacy co-pay from brand name prescription drugs will increase from \$3 to \$3.30 and generic drugs will now have a \$1.00 co-pay.

Please take a moment to review the new fee schedules. If you have questions, please contact us at 605-773-3495.